Michigan Department of Natural Resources - Wildlife Division



Registrant Name

Mailing Address

Facility Name

Facility Address

NOTE: • R

PRIVATELY OWNED CERVIDAE FACILITY FENCE INSPECTION LOG/REPORT

Calendar Year		
D	- 6	

Issued under authority of Executive C Failure to comply with the requirements of A	Page of				
ecord daily or weekly perimeter checks. perational standards require a minimum of a <u>weekly perimeter inspection</u> . riginal Log/Report <u>MUST BE SUBMITTED ANNUALLY</u> to the Michigan DNR (address indicated below) o later than January 15 for the previous calendar year. og/Report must be maintained on the facility premises and made available to Michigan DNR personnel upon request.					
	Telephone	Herd Number	Date Prepared		
	City, State, ZIP				
	Telephone				
	City, State, ZIP				
ME OF INSPECTOR (PRINT) DEFICIENCY	N	ETHOD OF REPAIR	DATE OF REPAIR		

DATE	TIME	Name of Inspector (Print)	DEFICIENCY	METHOD OF REPAIR	DATE OF REPAIR
(mm/dd/yyyy)					

Make copy and send <u>original</u> to:

SPECIAL PROJECTS COORDINATOR - WILDLIFE DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30444 LANSING MI 48909-7944

I certify by my signature below that I am ultimately responsible for adhering
the requirements of this registration and that the information contained here
and all attachments are true and correct to the best of my knowledge.

Registrant Signature	Date